

Fill in this information to identify your case:

Debtor 1	Fatima		Carmona
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DIST. OF PENNSYLVANIA		
Case number (if known)	18-13485-ELF		

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Healthcare Aide	
Employer's name	CAS Home Health Care Inc.	
Employer's address	7308 Castor Ave Number Street	Number Street
	Philadelphia PA 19152 City State Zip Code	City State Zip Code
How long employed there?	2 months	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$910.00	
3. Estimate and list monthly overtime pay.	\$0.00	
4. Calculate gross income. Add line 2 + line 3.	\$910.00	

Debtor 1 **Fatima Carmona**

Case number (if known) **18-13485-ELF**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$910.00	
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$97.54	
5b. Mandatory contributions for retirement plans	5b. \$0.00	
5c. Voluntary contributions for retirement plans	5c. \$0.00	
5d. Required repayments of retirement fund loans	5d. \$0.00	
5e. Insurance	5e. \$0.00	
5f. Domestic support obligations	5f. \$0.00	
5g. Union dues	5g. \$0.00	
5h. Other deductions. Specify: See continuation sheet	5h. + \$36.05	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$133.59	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$776.41	
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	
8b. Interest and dividends	8b. \$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	
8d. Unemployment compensation	8d. \$0.00	
8e. Social Security	8e. \$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: SNAP Benefits	8f. \$504.00	
8g. Pension or retirement income	8g. \$0.00	
8h. Other monthly income. Specify: See continuation sheet	8h. + \$2,555.50	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$3,059.50	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$3,835.91	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12. \$3,835.91	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. None. <input type="checkbox"/> Yes. Explain: _____		

Debtor 1 Fatima Carmona

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1. Additional Employers Debtor 1

Debtor 2 or non-filing spouse

Occupation	<u>Home Health Aide</u>					
Employer's name	<u>Genesis Homecare, Inc</u>					
Employer's address	<u>6044 Castor Ave</u>					
	<u>Philadelphia</u>			<u>PA</u>	<u>19149</u>	
	City		State	Zip Code	City	State Zip Code
How long employed there?	<u>One Month</u>					

5h. Other Payroll Deductions (details)

For Debtor 1

For Debtor 2 or non-filing spouse

PA Unemployment

Philadelphia Res. tax

\$0.56

\$35.49

Totals:

\$36.05

8h. Other Monthly Income (details)

For Debtor 1

For Debtor 2 or non-filing spouse

Income Contribution (Apolina De Leon)

Amortized Tax Refund (est. using 2015)

Income Contribution (Raul Santiago)

\$1,600.00

\$505.50

\$450.00

Totals:

\$2,555.50